

Privacy Release Authorization Form

U.S. Congressman Jeb Hensarling
Texas, 5th District

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____

Agency involved: _____

Date & Place claim was filed with agency: _____

Description of the type of help I am seeking: _____

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Rep. Jeb Hensarling or a member of his staff to make the appropriate inquiry on my behalf.

Signature and Date

Please sign and return this form to:

Rep. Jeb Hensarling
10675 E. Northwest Highway, Suite 1685
Dallas, TX 75238